



NON-COMMERCIAL PURPOSE PUBLIC RECORDS REQUEST All information on this form is subject to disclosure in response to a public records request.

Requester Name		Date
PROVIDE RECORDS VIA E-M	AIL	
Provide records via U.S	S. Mail (address)	
information that req		and, some records may contain private or sensitive Additional time may be needed to process request be communicated to the requestor.
Documents Request	ed: (Please be as specific as possible)	
To be completed by	City Staff	
AMOUNT RECEIVED	Payment received in form of: Cash Ch	ECK CREDIT CARD OTHER
Custodian or Coord	INATOR WHO FILLED THIS REQUEST	Date request filled
THE FOLLOWING TYPES (OF INFORMATION WERE REDACTED	
REASON THAT NO RECO	RDS WERE PROVIDED	
PAGE COUNT OF RECORDS PROVIDED		COST OF COPIES
OTHER		